TO FUNERAL DIRECTOR PAGE 1 STANDING TO FUNERAL DIRECTOR PAGE 3 shauld be the registrar prior to but the registrar prior to but he but to but the page 3 shauld be the page 3 shau

VS A15 (4) 15M 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5432 CERTIFICATE OF DEATH

Reg. Dist. No. 05423

1. PLACE OF DEATH o. COUNTY AROLLA MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE b. COUNTY ARCIANE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hillsbord 20 gr.	X 2008n Anno
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	/ d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) CUT 1/8 E Ble	Lost 4. DATE Month Day Yeor OF DEATH 5 24 1959
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S / 8 / 1/1891 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. Ary (3h)
13. FATHER'S NAME TICE Bledeat	14. MOTHER'S MAIDEN NAME LIZZIE DALTEN
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 17.	MARY Bledsoe, Hillsbore, M.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) DUE TO (c)	of the blader INTERVAL BETWEEN ONSET AND DEATH
CALL	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While at work at work foc	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) affice bldg., etc.)
21. I certify that I attended the deceased from Vegalive and Land 23 19 7, and that death ACTUAL SIGNATURE COLORS PHYSICIAN'S KURT LEDERER	occurred at S. M. from the causes and an the date stated above. ADDRESS (Street, dity or town, stote) DATE SIGNED W.D
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 5/27/59 Denton Cemet	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
I Wasself & Selen Endon	DATE JUN 8 159 Cirling S. Thous

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	Actual Control of the Control		24

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05424

5433	CERTIFICATE O	F DEATH

	54.			• •		Reg. Dist. N	0.	
• COUNTY	Caroline	MARYLAND	2. USUAL RESIDENCE (M o. STATE		d lived. If institution b. COUNTY	Caro		on)
RURAL ond give r	(If outside corporate limits, write nearest town) 12.1	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If			URAL ond give n	earest town)
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, give street	oddress)	/ d. STREET ADDRESS	le				DENCE FARM? NO
NAME OF DECEASED (Type or print)	First Ada Briggs	Middle Bradv	Lost	4. DATE OF DEATH	May Mon	th E	,	eor 9 5
sex Female		RIED NEVER MARRIED	8. DATE OF BIRTH NOV. 28.	1886	9. AGE (In years lost birthdoy) 72 yrs.	Months Days	R IF UNDE	,
a. USUAL OCCUPATI	ON (Give kind of work done 10b.			e or foreign c	1 10	12. CITIZEN	~	COUNTR
FATHER'S NAME			14. MOTHER'S MAIDEN					
Joh	n Johnson		Marv	Campe	r			
(es, no or unknown)	ER IN U. S. ARMED FORCES? 16. (If yes, give war or dates of service)	social security No. 17. I	nformant Olin Brigg		Federal		2 0 711	rlon
	ATH [Enter only one couse per li		O T T 11 D T T 8	,	F CUCT &I		MELT'J	
lying couse lost.		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PART 1(0)	PERFO	UTOPSY RMED?
20a. ACCIDENT W	AS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Par	t II of item 18.)		1 163	NO E
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Year 20d. I While of was	Not while fo	ACE OF INJURY (Home, far ctory, street, office bldg., et	m, 20f. (Cit)	or town)	(County	r)	(Stote)
21. I certify to alive an	hat I attended the decease 19		n occurred at 5 4	A_M, Nor			ate state	
PHYSICIAN'S NAME (Type)								-
Period Specify Burial		22c. NAME OF CEMETERY OF Skinners I			TION (City, town, cleralsbu		(Stote	F .
FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS		D BY REGIST		STRAR'S SIGNAT	URE	
- Jet - 12 11	Jal , 00	Wederalchur	ror Mid		0 0	12 - 8 46.	11.4	

VS A1S (4) 15M 9/55

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VS A15 (4) 15M 9/55 35

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
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5434	CERTIFICATE	OF DEAT	H
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Reg. Dist. No. (15425

1. PLACE OF DEATH a. COUNTY	Caroline	MARYLAND		NCE (Where deceased laryland		caro		ssian)
B. CITY OR TOWN (I	If autside carporate limits, write earest town) SON	c. LENGTH OF STAY IN 16		WN (If outside carpor Henders		URAL and gi	ve nearest taw	n)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in haspitat, give street of None	address)	d. STREET AD	79.5	lone		ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Arvile First	Middle	Brown	4. DATE OF DEATH	Mai	5	Dan	Year 19 59
s. sex Male	6. COLOR OR RACE 7. MARR	DIVORCED DIVORCED	8. DATE OF BIRTH	05	9. AGE (In years less thirthday)		YEAR IF UND Days Hours	7
Farm Lab	ON (Give kind af wark dane 10b. king life, even if retired)	KIND OF BUSINESS OR INDU None		CE (State or foreign co 7Land	ountry)		S.A.	T COUNTRY?
13. FATHER'S NAME	(ar · 1 7 ·	70	14. MOTHER'S A		• 36	E		
	William T.			Amn	ile Ma	son	100	231
	R IN U. S. ARMED FORCES? 16.	470	ames L.	Brown 14		ueen	St ^{Dov}	BF1.
	ATH [Enter only one cause per lin ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)		re br al He	emorrhage			INTERVAL 8	ETWEEN D DEATH
Canditians, if a gave rise to i cause (a), stating lying cause last.	mmediate (DUS TO	Ger	eral Ar	terioscle	roiss			
PART II. OTH	HER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO 1	THE TERMINAL DISEASE	CONDITION GI	VEN IN PART	PERF	AUTOPSY ORMED?
	AS UNDERLYING 20b. DESC CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of	injury in Part I ar Part	II of item 18.)			
ZOc. TIME OF INJUR Haur a. m. p. m.	RY Manth, Day, Year 29d. It 19 White at war	Nat while fe	LACE OF INJURY (He actory, street, affice I	ome, farm, 20f. (City bldg., etc.)	ar tawn)	(Co	ounty)	(State)
Olive onM			M.D	5:30PM, from	reet, city ar tawn,	ond on the	e date stat	
22a. BURIAL, CREMATIC REMOVAL (Specify)	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY			ION (City, town,	ar caunty)	(Sta	ite)
23 UNERAL DIRECTOR	is signature	ADDRESS Lens lose	710 0	24a. REC'D BY REGIST		STRAR'S SIGN		

HTMEO ROSTASTRIMED & GOLD be retained by the hospital or attending physician.

ATTENDING P

hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

543 CERTIFICATE OF DEATH

05426

y	0.100	Reg. Dist. No
	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY AROLINE MARYLAND	STATE MD COUNTY CAROLINE
	CITY (If outside corporate limits, write RURAL OR and give parest town) TOWN LENGTH OF STAY (in this place)	City (If outside corporate limits, write RURAL and give naarast town) OR TOWN
	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural giva location) ADDRESS
	3. NAME OF DECEASED (Type or Print) FRANK (Middle)	(Last) 4. DATE (Month) (Doy) (Year) OF DEATH AN 27 19 59
	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	F BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired) OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME (ashington DENNIS	14. MOTHER'S MAIDEN NAME Encory
	15. WAS DECEASED EVER IN U. S. ARMED PORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS Wers Harlaw Edwards, Jenton
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
		al Hemorrhage with
	ANTECEDENT CAUSE(S) DUE TO hemiple	
7	DISEASES OR CONDITIONS, IF ANY, (8) Arteric	osclerotic Cardiovascular
H	STATING UNDERLYING CAUSE LAST. DUE TO DISEASE	
	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT BELATED TO THE	es Mellitus
-	190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
U		YES NO
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	M. St work Not while at work	21f. HOW DID INJURY OCCUR?
	22. I hereby certify that I attended the deceased from Nove 10) 19.58 to May 27 19.59 that I last saw the deceased
1	alive on Ma y 26, 19.59 and that death occurred at.	
10M	AIGNATURE //	ADDRESS (Street, city, town, stete) DATE SIGNED
-55	Clarks A Sy presidente	Greensboro, Md. May 29'59
A15C 1-55	23. BURIAL, CREMATION, PATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
VS A1	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
>	DATE JUN 3 '59 Cally & Krana	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	O'THE WORK	

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		The Control of the Co			
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		Santan Street	- Indiano monine se	CONTRACT OF	A CONTRACTOR OF THE PARTY OF TH
	3.30	of activities			
	BATTER BOOK				
					Can Carried

requires that the death certificate be executed within 24 hours after death; Page 4

DEUNERAL DIRECT After this certificate has been signed by the attending physician and completely filled in by the professional page 3 should be described for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law may be retained by TO FUNERAL DIRECT

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5436 **CERTIFICATE OF DEATH** 05427

									Keg, Dist	, NO.	
	PLACE OF DEATH o. COUNTY	Caroline		MARY	LAND	USUAL RESIDENCE	(Where deceose	b. COUNTY		before admi	sion)
R	RURAL and give ne	outside corporate limit orest town) ENSBORO	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN		prote limits, write	RURAL and gi	ve nearest tow	n)
	d. NAME OF HOSPITA	AL (If not in hospitol, gi None		oddress)		d. STREET ADDRES	s lar Ave	9.		ON	SIDENCE A FARMY
	NAME OF DECEASED (Type or print)	Herman		Middle	-	losi Horn	4. DATE OF DEATH	, ^M °	nth 2:	2 Doy	Yeg 9
5.	Male	6. COLOR OR RACE	7. MARR			1 /3/1892	3	9. AGE (In years last birthday)	Months D	YEAR IF UND	ER 24 HRS.
П.	during most of work	N (Give kind of work d ing life, even if retired) ELECTPICI		None	R INDUSTI	Phila		country)		S.A.	COUNTRY
13.	FATHER'S NAME					14. MOTHER'S MAID	EN NAME				
		Samuel H	lorn			Rebecca	a Mueli	ler			
15. (Ye	WAS DECEASED EVER	t IN U. S. ARMED FORCE It yes, give wor or dates of se	TES? 16. :	50CIAL SECURITY NO 79-12-62		ormant Lice Hori	n Green	nsboro,	Mary	land	
		mediate (Je per lin	for (o). (b). and (c).	The Con	lemons in alice &	Lugo			INTERVAL BONSET AND	DEATH
CERTIFICATION	20a. ACCIDENT WA	ER SIGNIFICANT CONE S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		ONTRIBUTING TO DE					VEN IN PART	PERF	AUTOPSY DRMED?
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Yea	white	Not while	20e. PLAC focto	E OF INJURY (Home, ry, street, office bldg.	form, 20f. (Cit , etc.)	y ar town)	(Co	ounty)	(State)
	21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the	decease 1, 195	-61	death of	D. MADO	A M. Fro	Street, city or town	and an the		
220	BURIAL, CREMATION REMOVAL (Specify) Burial	5/25/50		22c. NAME OF CEM Sunset	Memo	crematory rial Par		erton,	or county) Pae	(Sto	te)
23	FUNERAL DIRECTOR'S	SIGNATURE	Pr	ADDRESS	200	Mal DATE	REC'D BY REGIS	TRAR 246. REG	ISTRAR'S SIGN		

he haspital or attending physician.

After this certificate has been signed by the attending physician and campletely filled in by the filed director, after this certificate has been signed by the attending physician and cample and 2 shall be filed with the filed filed with the filed with t

the registrar priar to burial, cremation, ar remayal, and in any event within 72 hours after death

may be retained by page 3 should be a

VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

543 CERTIFICATE OF DEATH

05428

			U	U	I	44
no	Dist	No				

			7101						Keg. Dist.	140.	
1. PLACE OF DEATH a. COUNTY					2. USUAL RESID	ENCE (WH	nere deceased li	ved. If instituti	an: Residence	before admis	ision)
	Caroline			RYLAND		and the last of the last	yland			pline	
b. CITY OR TOWN (RURAL and give n	If outside corporate limits learest town)	s, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR T	OWN (If o	outside corporol	e limits, write R	URAL ond giv	e nearest tow	n)
70 7 7	eensboro		76 Yr	S.	X Rura	L Gre	eensbo	ro			
d. NAME OF HOSPI	TAL (If not in hospital, gi	ve street o	ddress)		d. STREET A	DDRESS				e. IS RE	SIDENCE A FARM?
	No	ne					No	ne			NO 🗆
3. NAME OF DECEASED	Firs	1	Midd	lle	Loss		4. DATE	Mor	ith	Day	Year
(Type or print)	James		77	Hubb	ard Si		DEATH	May		9	19 59
5. SEX		7. MARRIE	ED T NEVER MAR	RIED 🗌	B. DATE OF BIRTH	1	9.	AGE (In years	IF UNDER 1	YEAR IF UND	1
Male	White	WIDOWED	DIVOR	CED 🔲	May 12	L88	33	75 yrs.	Months D	ays Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work d	ane 10b. K	IND OF BUSINESS	OR INDU	STRY 11. BIRTHPL	ACÉ (State	ar foreign cour	ntry)	12. CITIZ	EN OF WHAT	COUNTRY
Farm Owne	king life, even if retired)	ਜ	arming		Mary	vland	7		II	SA	
13. FATHER'S NAME					14. MOTHER'S					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Frank H	ubba	nd.		(Tothe	anina	Mitche	דר		
15. WAS DECEASED EVE	ER IN U. S. ARMED FORCE	ES? 16. S		IO. 17.	NFORMANT	Ja viii	211112	Add			
(Yes, no or unknown)	(If yes, give war or dates of ser		0-01-50	7/1 1	lartha I	Hubba	2 0 2	anaha	- T	[arv]	5 ~ 6
	ATH [Enter only one cou				er ma	11100	aru Gr	eensho	11.0	INTERVAL BI	
	ATH WAS CAUSED BY:		the state of the s	-	34 0 220 0 0	.7	D7	Dia		ONSET AND	DEATH
11112x	IMMEDIATE CAUSE (o). DUE TO			Car	liovascu	Har	Kenal	Disea	Se		
770				0	74	3 8					
Conditions, if a	immediate (Gene	eralized	1 Ar	terios	creros	18		
couse (o), stating lying cause lost.											
	(c) HER SIGNIFICANT COND		ONTRIBUTING TO E	FATH RUI	NOT PELATED TO	THE TERM	NIAT DISEASE	ONDITION GIV	/ENI INI PART I	(a) 10 WAS	AUTOPSY
OF TARE	TER STOTAL TEATH COTTE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			stro-en			.0140111014 011	LIN HA LAKE I	PERFC	ORMED?
200 ACCIDENT W	AS UNDERLYING	20h DESCI	RIBE HOW INJURY					of item IR1		1E2] NO [
OR CONTRIBUTING	CAUSE OF DEATH	JOS. DESC.	KIDE TIOTE INSORT	OCCORNE	D. (Ellier Holdie Ol			or trem to.,			
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Year		JURY OCCURRED	20e. PL	ACE OF INJURY (I	dome, form	20f. (City or	lown)	(Cou	unty)	(State)
Hour o.m.	19	While of work	Not while of work		ciory, sireer, diffice	blug., elc.	1				
21 I certify th	hat I attended the	decease	d from Oc	t. 8	19 58	to M	lay 9	10 50	2,that I la	et caw the	decease
	lav 8		9, and the	at death							
	116	-1 1/	Z-, did in	ar dean	decorred di			et, city or town,			ATE SIGNE
ACTUAL (Pen 8 0 7	4.8	Toresca	1.	Gr		9	Md.		5/12/5	59
SIGNATURE	CCC CC		1000	per	M.D					77-5-1-5	
PHYSICIAN'S NAME (Type)	Chas. H.	Ston	esifer,	M.D							
220. BURIAL, CREMATIC REMOVAL (Specify		F	22c. NAME OF CE	METERY C	R CREMATORY		22d. LOCATIO	N (City, town,	or county)	(Sto	ite)
Burial	5/12/59		Greens	boro)		Gree	nsboro	. Mar	ryland	3
2 FUNERALIDIRECTOR	'S SIGNATURE	11.	ADDRESS			240. REC'	D BY REGISTRA	R 24b. REGI	STRAR'S SIGN	IATURE	
16. De	rulas s	47/2	conste	20.	Mel.	DATE !	MAY 1 5 '5	59 (Inthun S.	thouse	

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VS A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05429

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Caroline	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Caroline									
Rural H	t outside corporate limits, write lenderson	RURAL	65 Yrs.		x Rural			ite RURAL o	nd give n	earest town)	
d. NAME OF HOSPIT	tal or institution (if		pital, give street address)		d. STREET ADDRESS	1	None			e. IS RESID ON A F	ARM?
3. NAME OF DECEASED (Type or print)	Jessie Final		Richardson	1	Hughes	4. DATE OF DEATH	Mo	onth	28 ^{Doy}	Year 195	
s. sex Male	11177	7. MARRIEI WIDOWED	D NEVER MARRIED	B.	1/9/1896		9. ACE (In years than)	Months	R 1YEAR Days	Hours M	24 HRS. in.
100. USUAL OCCUPATI	ON (Give kind of work do no life, even if retired) OFOT		One	DUST	Maryla Maryla	-	country)	12. CI		WHAT CO	UNTRY
13. FATHER'S NAME	lexander	Hugl	hes		14. MOTHER'S MAIDEN Mar	name	Satter	fiel	đ		
15. WAS DECEASED EN	VER IN U. S. ARMED FOR (It yes, give war or dates of se	invice) -			rormant rval Hugh	es	Hender		Mar	rylan	đ
Conditions, if a gave rise to imme (a), stating the cause last.	underlying DUE TO	T)	MICHAEL TO DEATH B		tes Clerco,		se condition (GIVEN IN PA	Que		fm opsy
PART II. OTI	USE WAS 206	. DESCRIBE	HOW INJURY OCCURRE	D. (E	nter nature of injury in Pa	ort I ar Part I	t of item 18.)		,	PERFORMI YES N	· A
20c. TIME OF INJU		While	,		E OF INJURY (Home, far ry, street, affice bldg., el		ly or lown)	(C	aunty)	(:	State)
21. I certify t		datural c	emains described auses Accide	-		Hamicide EXAMINER CAL EXAMIN		(), Inqui	manne		
220. BURIAL, CREMATIC REMOVAL (Specify Burial	ON, 226. DATE THEREOF		Greensbor		CREMATORY	1 -	ensbor			(Store) Land	
23. FUNERAL DIRECTOR	r's SIGNATURE	420	ADDRESS	,	240. REC	JUN 1	759 246. RE	GISTRAR'S S	0 1		

HTABO SO BY ADDITIONS CERTIFICATE OF BEATH

T.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05430

5439 CERTIFICATE OF DEATH

				keg. Dist. No.
1. PLACE OF DEATH 0. COUNTY Caroline	MARYLAND	2. USUAL RESIDENCE (Who state Maryla)	nd b. COUNTY	Residence before odmission) Dorchester
b. CITY OR TOWN (If outside corporate limits, we RURAL and give nearest town) Preston	c. LENGTH OF STAY IN 16 5 years		utside corporate limits, write RUR	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION Rural	street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Lambor	Middle Moward	lost James	4. DATE Month OF DEATH May 16,1	Doy Yeor
	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years II	FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
Male White WI Oa. USUAL OCCUPATION (Give kind af work done during most of working life, even if retired)	DOWED DIVORCED DIVORC		or foreign country)	12. CITIZEN OF WHAT COUNTE
Retired Farmer 3. FATHER'S NAME		Talbot Co		Mas.u.s.
John W. James		Mary Ann		
S. WAS DECEASED EVER IN U. S. ARMED FORCES' (Yes, no, or unknown) (If yes, give wor or dates of service)	NFORMANT s.Franklin D.	Musbaum, Presto	
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONDITION	Generalized arternal Occessions Contributing to Death But	artorissele Pusion of la NOT RELATED TO THE TERMIN of Face La	examination Given	At Ory 3 mension of the parties of t
(IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	SEnternoture of injury in P	art I or Port II of item (II.)	ILI NO
Hour o. m.		ACE OF INJURY (Home, form, story, street, office bldg., etc.)		(County) (State
21. I certify that I attended the de alive an	Ceased fram. 4128 1907, and that death Plummus Plummer			that I last saw the deceased an the date stated abarente) DITE SIGN TO BOWL
20. BURIAL, CREMATION, REMOVAL (Specify) Burial May 18,19	22c. NAME OF CEMETERY OF		22d. LOCATION (City, own, or Cambridge, Md.	
SELVIERAL DIRECTOR'S SIGNATURE THE	ulds Cambridge	240. REC'D	BY REGISTRAR 24b. REGISTR	AR'S SIGNATURE

E. Challe 28,000 and a The state of the s . De la contracta de la contra Self and process of the self-temporary of th

VS A15 (4) 15M 9/SS H

ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
MALICAND	JIMIL	DEFARIMENT	OI.	HEALITI-BALTIMORE,	10

5440 CERTIFICATE OF DEATH

Reg. Dist. No. 05431

1. PLACE OF DEATH 9. COUNTY 9. STATE 1. PLACE OF DEATH 9. COUNTY 9. STATE	on: Residence before admission)
o county Caroline Maryland b. County	Caroline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	URAL and give nearest tawn)
Ridgely 50 Yrs. X Ridgely	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS	15 RESIDENCE ON A FARM?
None Maple Ave.	YES NO DE
3. NAME OF First Middle Lost 4. DATE Mar OF	
(Type or print) Ada Clara Matthews DEATH 5	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday)	Months Doys Hours Min.
Female White wIDOWED DIVORCED 10/7/1871 87 yrs.	Monnis Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper None Michigan	U.S.A.
13. FATHER'S NAME	
Leanders S. Matthews Martha Rosana	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Add [Yes_no_ or unknown) [If yes_give wor or dates of service]	
No None Miss Stella M. Matthew	s Ridgely, Md.
18. CAUSE OF DEATH [Enter only ane cause-per line far (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UTILISES SCILL OF CE THOUSE OF SCILL	se gays
420,0 DUE TO	0
Conditions, if ony, which (b)	
gove rise to immediate couse (a), stating the under-	
lying cause lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	/EN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	YES NO
200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town)	(Caunty) (State)
Hour o. m. p. m. 19 While at work at work to at work	
21. I certify that I attended the deceased from Line 1953, to longue 19	that I last saw the deceased
alive on Tele 11, 1954, and that death occurred at 9 A. M. from the causes of	and an the date stated above.
ADDRESS (Street, city or town,	stote) DATE SIGNED
SIGNATURE MULLI GEO M.D. Crolegely me	
	2 5/26/5
C+1 141 W	2 5/26/5
PHYSICIAN'S C. H. WINNACOTT RISCELLY	4) 5/26/5
PHYSICIAN'S C. T. WINNA COTT RISCELY 220. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OF CREMATORY 22d, LOCATION (City, 1947).	49 (Stole)
PHYSICIAN'S NAME (Type) C. H. WINNA COTT RISCELY 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, 10wn, D. REMOVAL-Specify)	or county) (Stote) laryland
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, BUTIAL Specify) 23. FUNERAL DIRECTOR'S SIGNATURE PHYSICIAN'S RECOTT RECELL 222. NAME OF CEMETERY OR CREMATORY Ridgely, IV 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 2	

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executed within

After this

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death.

certificate has been executed by the attending physician and completely filled in by the funeral director, the third opposed death certificate assembly should be detached for use as a burial transit permit. ATTENDING F. SICIAN OR HOSPITAL: The law requires that the death certificate be The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Item 12 FilmG243 6-5-59 et

OF DEATH 5441 CERTIFICATE

05432

Reg. Dist. No.....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY SHOULD MARYLAND	STATE MARYLAND COUNTY CAROLDNO
CITY (If outside corporate limits, write RURAL / LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)/
OR and give nearest lown) TOWN (in this place)	X TOWN KURAL DENTON
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Dey) (Yaar)
(Typa or Print) ELIZABETH HEINEL	THUNS DEATH MAY 13 1959
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Lowed 8. DATE O	F BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS WE 9 / 877 2 8 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, evan if retiral working life, evan if	11. BIRTHPLACE (State or foraign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hewry Ding	appalona muly
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no, or unk.) (If Yas, giva war or datas of service)	17//INFORMANT & ADDRESS
no - U	Mederich Reines Vantalikes
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
260 X IMMEDIATE CAUSE (A). Tenal brown	ficiency myocardise
ANTECEDENT CAUSE(S) DUE TO	· Copays
DISEASES OR CONDITIONS, IF ANY, (B) . GIVING RISE TO THE ABOVE CAUSE	~
STATING UNDERLYING CAUSE LAST. DUE TO COCCES he	elling:
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	osis Jenesolis o
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YE5 NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or fown) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While Not whila at work at work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from the continued	152 May 12 156
alive on, 19.5, and that death occurred at	ADDRESS (Street, city, town, state) ADDRESS (Street, city, town, state) DATE SIGNET
harles H. Winnacott M.D.	RIDGELY MD. 5/18/59
23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OR	The house
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	20 Outon, Maryland
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE DATE MAY 2 2 '59 Circling & Kraus	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS
DAIL	1. The world they

MARYLAND STATE DEVASTAGES OF HEADSWEAT BULLINGS. TR

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					Para Carrier
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